Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Rowan Court

167 Huddersfield Road, Thongsbridge, Huddersfield, HD9 3TQ

Tel: 01484686530

Date of Inspection: 01 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Holly Bank Trust
Registered Manager	Ms Deborah Clark
Overview of the service	Rowan Court is part of Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound complex needs. It was registered with the Care Quality Commission to provide accommodation for people requiring nursing or personal care, for up to 15 people. At the time of our inspection it was providing this service to 15 young adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection the registered manager was taking a planned day off. During this inspection we spoke with the three people who were living at Rowan Court, the senior member of staff on duty, three care workers and two relatives.

We considered all the evidence we had gathered under the outcomes we inspected.

This is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, their relatives and the staff told us.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were well organised and the information was clear.

We saw that there were risk assessments in place for bathing, tissue viability and fire safety. Where someone was assessed as being at high risk, such as from a diminished swallowing reflex, then control measures had been recorded to state how the risk would be minimised.

We saw there were robust systems in place to assess and check appropriate and safe care was being delivered. These included daily and monthly internal audits. These audits included infection control and mattress quality and suitability.

The provider had appropriate security arrangements in place to protect people who lived at the service. We found that the entrance door was secure and visitors could only enter the building with the knowledge of the staff. People indicated to us they felt safe and secure in

the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

We spoke with two relatives who told us of their experience of the service. They told us the service was 'fabulous' and perfectly met both the needs of their relative and themselves. They said they felt confident that everything they and their relative needed would be provided.

Staff we spoke with were clear about the needs of the people they supported and what they told us was reflected in people's care plans.

We spoke with staff who told us they felt well supported by the manager who arranged access to regular training and development to ensure they were able to deliver appropriate care.

Is the service caring?

We saw all people at the home appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. We noted staff understood people's non-verbal methods of communication and were able to respond appropriately.

We saw that people were dressed appropriately for their age and the time of year. We noted people had been supported to express their personality, for example by having their nails painted in a colour of their choice or their hair styled in a particular way.

Care staff on duty told us they were responsible for providing people with meaningful activities that they enjoyed. We saw each person had a weekly timetable of activities. A care worker told us that these were guides used by staff to encourage people to participate in activities they might find enjoyable. With the help of staff people told us of activities they had been involved with. These included going to football matches, the zoo and to the horse racing. Smiles and positive body language indicated to us that these activities were greatly appreciated.

Is the service responsive?

We reviewed three people's care records and found they all had complex health care needs and received services from a range of secondary health care providers.

Our discussions with the senior social care officer on duty demonstrated the provider was fully aware of each person's individual care needs. Care plans and risk assessments were in place to be able to respond to frequently changing health care needs.

All people had a health passport which would accompany them in an emergency to hospital. The health passport was a document containing all current relevant information about a person including allergies, communication difficulties, current medication and

known diagnoses. This ensured other health care professionals had access to meaningful information to help them act safely in emergency situations.

All care plans contained a specific section on communication. Our observations and scrutiny of care plans demonstrated the provider had explored every avenue of care to ensure people with profound communication problems were not isolated through their inability to communicate by speech.

Is the service well led?

Decisions about care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability.

The staff we met were well trained and competent to make most of the routine care decisions. They said they knew when and how to report any issues or concerns and they were confident management would provide any necessary advice or support.

There was evidence that learning from incidents and investigations took place and as a consequence appropriate changes were implemented.

Our inspection demonstrated the provider had good governance arrangements in place. The provider was recognising its accountability, was acting on lessons learned and was honest and open in seeking the best possible outcomes for people. The service was well led.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People living at Rowan Court had varying degrees of profound multiple disabilities which included impairments of vision, hearing and movement as well as other problems such as epilepsy and autism. Staff who cared for them confront considerable challenges in meeting people's personal, developmental and health care needs. Our inspection focussed on whether these needs were met.

The people living in the home had difficulties with communicating verbally and were not always able to tell us whether they were happy with the care and support they received. We observed staff as they communicated with people using hand and eye movements to indicate 'yes' and 'no' to questions. This demonstrated that staff had developed a means of ensuring people's wishes were understood and respected.

We saw that staff respected and involved people who were receiving care and accommodation in this service, for example by addressing people by their preferred name and supporting people to be as independent as possible. Each room visited showed signs of individual choice and personal touches such as photos, prized possessions and personal furniture.

Staff were seen to be respecting the privacy and dignity of the people who were using this service. Staff were seen knocking on bedroom doors before entering and allowing people time to respond to any verbal or non-verbal cues.

People who used the service understood the care and treatment choices available to them. Care plans identified how people liked their days to go. We saw that people liked to have their breakfast and get up at specific times. This also showed us what people enjoyed doing with their time, for example listening to the radio, watching television, spending time with family and going on outings in the community. Daily records we looked at showed us that people's needs and preferences were met.

Observation showed staff supporting people to make their own choices about what activities they took part in. Staff knew exactly how each person communicated which meant people's wishes were understood and respected.

With the help of staff we were able to have short conversations with three people. All people expressed their contentment with the care they received. They also told us about a wide range of activities and interests they took part in. Our discussions with people demonstrated the service was respecting people's need to retain as much independence and dignity as possible.

We saw records of meetings with people using this service. These were held every two months and the items discussed included menus, service developments and activity provision. The records seen showed us these were well attended and people were encouraged to participate as far as possible. Records were seen which showed us that families were encouraged to be involved in the care being provided to their relative.

We observed staff supporting people to eat and drink. Each person had specific needs to ensure food could be eaten safely and respectfully. Some people had swallowing difficulties and in these cases food was eaten in an unhurried and calm manner. We also noted that meal times were protected from interruption to allow food to be eaten at a pace and in an environment of their choice.

Staff told us that people had privacy when they needed it. We observed staff giving people time on their own when required. During the inspection we observed that people were being spoken with and supported in a sensitive and respectful manner.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People living in the home had difficulties with communicating verbally but assistance from staff helped us examine the care and support they received. During our visit we spent time observing care to find out about people's experiences.

The provider had appropriate security arrangements in place to protect people who lived at the home. We found the entrance door was secure and visitors could only enter the building with the knowledge of staff.

We saw that each person living in the home had a high level of individual support. A care worker told us for the safety of people some care activities required two staff at all times; for example when people were being hoisted from bed to bath or shower. We saw staff were allocated to a person for the duration of their shift in order to provide consistent care, support and activities.

We saw all people at the home during our visit appeared at ease and relaxed in their environment. We saw people responded positively to the staff with smiles when they spoke with them. We observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. We noted staff understood people's non-verbal methods of communication and were able to respond appropriately. For example, one person looked to the left or right to indicate 'yes' and 'no'. We saw people were dressed appropriately for their age and the time of year. We noted people had been supported to express their personality, for example by having their nails painted in a colour of their choice or their hair styled in a particular way.

All care plans contained a specific section on communication. They included information on non-verbal expressions to indicate likes and dislikes, happiness and sadness. An assessment supported by professional input had taken place on visual and hearing impairments and how these could be improved by, for instance, the wearing of spectacles. Care plans contained information which was designed to indicate to staff a person may be in distress, this being indicated by body rigidity or flailing arms. Our observations and scrutiny of care plans demonstrated the provider had explored every avenue of care to ensure people with profound communication problems were not isolated through their

inability to communicate by speech.

Care staff with whom we spoke told us that people had care plans in place. We saw each person had two files which made up their care records, one to record care needs and the other to record care delivered. Care plans were clear and easy to understand. All care plans were indexed to ensure staff could access information easily.

We looked at the care records for three people. We did this to assure ourselves that staff had accurate and up to date information about people's care and support needs available to them. We found people's care plans were written in a person-centred way and provided clear information and detail to staff about people's care and support needs. We saw that people had been assessed to indicate the need for weight, dietary and fluid intake monitoring. On all occasions we saw that care specified had been carried out.

One care plan we saw was for a person who was fed with a percutaneous endoscopic gastrostomy (PEG). The PEG had been inserted because of difficulties with maintaining an adequate oral intake caused by neurological problems associated with cerebral palsy. The care plan demonstrated the improvement that the PEG had provided. We spoke with staff who demonstrated their competence in caring for someone with a PEG.

There were risk assessments in place which identified the risks for the individual and how these could be reduced or managed. We saw risk assessments relating to epilepsy and managing behaviours that could be challenging. All assessments defined the nature of the risk, actions required to mitigate the risk and who was responsible for delivering risk-assessed care. We saw risk assessments had been carried out on all daily living activities to ensure that the right amount of help was provided to maintain a risk-free, good quality life with supported independence.

We saw that review sheets were in place which confirmed that staff reviewed and updated people's care plans on a monthly basis or sooner if necessary. This meant that people's needs were assessed and care and support was planned and delivered in line with their assessed needs and individual care plans.

Care staff on duty told us they were responsible for providing people with meaningful activities that they enjoyed. We saw that each person had a weekly timetable of activities. A care worker told us that these were guides used by staff to encourage people to participate in activities that they might find enjoyable. With the help of staff people told us of activities they had been involved with. These included going to football matches, the zoo and to the horse racing. Smiles and positive body language indicated to us that these activities were greatly appreciated.

Additional support was provided by physiotherapists to ensure people's limited range of movement and mobility was protected. Speech and language therapists assessed swallowing and potential choking risks. These specialists worked closely with the service and ensured that individual care needs were being met. We were told by staff that some people accessed hydrotherapy at one of the provider's other sites. This provided both a therapeutic and social benefit to people. We spoke with a person who had received hydrotherapy and their body language indicated their enjoyment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained

to understand when an application should be made, and how to submit one.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others

Reasons for our judgement

Relatives with whom we spoke told us how other health professionals had been involved with their family member's care. Relatives told us of difficulties they had experienced with a hospital when their family member had to be admitted. They told us how the provider's senior staff had become involved to help ensure appropriate care was delivered. The relatives were very appreciative of the support they received saying, "The staff here are fabulous. We had a battle with our local authority to get our [relative] cared for here but it was worth it."

We reviewed three people's care records and found they all had complex health care needs and received services from a range of secondary health care providers. Where necessary letters from other health care professionals were filed in care records. This ensured staff had the knowledge required to deliver appropriate care when someone had received health care from another provider.

Our discussions with the senior social care officer on duty demonstrated the provider was fully aware of each person's individual care needs. Care plans and risk assessments were in place to be able to respond to frequently changing health care needs.

All people had a health passport which would accompany them in an emergency to hospital. The health passport was a document containing all current relevant information about a person including allergies, communication difficulties, current medication and known diagnoses. This ensured other health care professionals had access to meaningful information to help them act safely in emergency situations. This demonstrated the provider had arrangements in place for dealing with foreseeable emergencies.

People's care plans identified any health issues and people were referred to health professionals according to their individual needs. We saw health professionals such as district nursing services, doctors and opticians were involved in people's care. For example we saw for one person upon whom an ophthalmic assessment had been carried out in hospital. All relevant documents were available for us to examine including the consent to treatment.

Many people required access to an orthotics service to provide bespoke footwear and splints. We saw these services were available at the local hospital and appropriate documentation and correspondence was held in the care records.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had ensured that equipment was fit for purpose. We saw records which showed that generic items such as lifting equipment, including hoists and the passenger lift, were regularly serviced to ensure they were safe to use.

We saw records which showed that wheelchairs, hoists and slings were regularly checked and cleaned. This meant that they were safe and hygienic to use.

Many pieces of equipment were bespoke to the individual person. These items included standing frames, sleep posture management systems and custom seating for use in wheelchairs. All care files included a list of bespoke devices. The list described the device, its purpose, operating instructions, any maintenance agreements, a log of defects and actions to repair and cleaning instructions. We saw that where equipment had broken down repair was carried out by people competent to do so. This demonstrated the provider was taking action to ensure equipment was available when it was needed. It further showed that equipment was being supplied with the necessary technical information so that the risk of using them incorrectly was minimised.

The home was equipped with a variety of bathing aids and facilities. These included variable height baths enhanced by dedicated ceiling-mounted hoists and drying couches to allow people to be dried after a bath in a position which suited their needs. We spoke with one member of staff about the availability of equipment who said, "We have everything we need and we are fully trained to use the equipment."

The training records that we saw showed that staff were provided with moving and handling training which showed they were trained to use lifting equipment and to assist people to mobilise in a safe manner. We saw the provider had developed particular protocols to ensure the safe use of equipment. We saw one protocol for using hoists to transfer people to a bath or shower where it was deemed necessary for two staff to be involved in the process. This meant that people were safe because the provider had clear procedures which were followed in practice.

We observed lunch being taken. Many of the people had cerebral palsy which meant they had varying degrees of difficulty eating, drinking and swallowing. We saw that adapted

plates and bowls were used along with appropriate cups and tumblers. The use of these aids ensured that people with diminished muscle or sensory control could eat with dignity and as much independence as possible.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who lived in the home, their representatives and staff were asked for their views about their care and treatment and these views were acted on. Care plans contained daily reflection records on the activities and choices people made.

People were involved in a joint staff and service user two-monthly meeting, as far as they were able. Pictures and symbols were used to assist with people's understanding. Where people demonstrated they particularly enjoyed or disliked an activity this was recorded in the meeting minutes.

We spoke with two relatives who described to us a close relationship between them and the provider; this they felt allowed them sufficient opportunity to express their views about the service provided. Our discussions with staff and comments by relatives indicated the provider recognised the expertise and commitment of family members which meant the service was not only person-centred but also family-centred.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability. Even so the provider had identified an area of the staffing structure that was not as clearly defined as they would wish. The provider was in the process of revising their staffing structure to take out an intermediate tier and make roles more transparent. The staff we spoke with described the change management process as fair and well-managed. The staff we met were well trained and competent to make most of the routine care decisions. They said they knew when and how to report any issues or concerns and they were confident management would provide any necessary advice or support.

There was evidence that learning from incidents and investigations took place and as a consequence appropriate changes were implemented. We looked at the complaints and compliments file. We saw complaints and concerns were recorded to note the date, time and details of the occurrence. The subsequent investigation findings were recorded and the outcome and any actions defined. Our scrutiny of the complaints file demonstrated the

provider took account of complaints and comments to improve the service.

The provider identified, assessed and managed risks to the health, safety and welfare of people. We saw the provider had a range of health and safety policies. In addition, the manager carried out in-house checks of the environment, fire safety and other risk areas.

We saw evidence of current assessments, servicing and test certificates for fire safety, gas safety, portable appliance tests and other health and safety risk areas.

We scrutinised a recent quality assessment monitoring visit conducted by the provider's senior manager. The visit recorded discussions with people and their relatives. An inspection of the environment took place including outside areas. We saw that mandatory safety issues were addressed such as fire drills and fire alarm testing. A robust review of record keeping and people-related documentation was carried out and we could see problems identified had been addressed. We saw the visit had identified a small number of omissions in signing medicine administration record (MAR) sheets. We looked at a random sample of MAR sheets and found all to be fully completed. This demonstrated the provider was auditing the service and ensuring its findings were translated into improved care. The audit findings were made known to the chief executive and a copy sent to the registered manager on site.

Other audits included infection prevention and control, mattress quality and suitability, and health and safety.

Our inspection demonstrated the provider had good governance arrangements in place. The provider was recognising its accountability, was acting on lessons learned and was honest and open in seeking the best possible outcomes for people.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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